

CG-Complaint
(7/01)



OFFICIAL USE ONLY

Complaint No: _____ Date Received: _____

County of Offense: _____

**Department of Charitable Gaming
Complaint Form**

Today's Date _____

Complainant's Name _____

Address (Street/Box No.) _____

City _____ County _____ State _____ Zip _____

Telephone _____
(Home) (Office) (Cellular)

Description of Complaint (Be as specific as possible. Use additional sheets if necessary).

The above statements are true and correct to the best of my knowledge

Signature _____ Date _____

TO BE COMPLETED BY DEPARTMENT OF CHARITABLE GAMING

Complaint Assigned to: (Mark all divisions that apply)

	Enforcement Division	License & Compliance Division	General Counsel	Commissioner's Office
Received Date				
Assigned Name				
Returned/Date				
Returned Initials				
Closed				
Referred To				
Action Taken				
Action #				
Closed				